UNIT: POLUNSKY (formerly TERRELL) NAME: UTMB MANAGED CARE - Mental Health Services
AUSTIN, PERRY A **90-DAY ADMINISTRATIVE SEGREGATION MENTAL HEALTH ASSESSMENT**

TDCJ #: 999410 DATE: 02/19/2004 14:37

Speech Flow
Normal
Thought Content
Appropriate To Mood/Circumstances
Preoccupations
None
Hallucinations
None
Thought Organization
Logical, Goal Directed
Executive Functions
Fund Of Knowledge
Average
Intelligence
Average
Abstraction
Normal
Judgement
Normal
Reality Testing
Realistic
Insight
Uses Connections
Decision-Making
Normal
Adaptive Skills
Coping Ability
Normal
Skill Deficits
None
Social Functioning
Social Support
Adequate
Social Maturity
Responsible
Social Judgement
Normal
Risk To Self & Others
Self Harm
None
Harm To Others
None

Disposition

☒ Follow up in 90 days or upon request/referral

☐ Schedule for further evaluation

☐ Refer immediately for evaluation

UNIT: POLUNSKY (formerly TERRELL) NAME: UTMB MANAGED CARE - Mental Health Services
AUSTIN, PERRY A **90-DAY ADMINISTRATIVE SEGREGATION MENTAL HEALTH ASSESSMENT**

TDCJ #: 999410 DATE: 02/19/2004 14:37

☐ Other (Specify):

Interpreter Used		Yes	x	No	Name of interpreter:

Electronically Signed by SMITH-MUEHR, JERRIE M MS, LPC on 02/19/2004.
##And No Others##

Procedures Ordered:
MH OP SEGREGATION ROUNDS: no diagnosis on axis i/axis ii

UNIT: POLUNSKY (formerly TERRELL) NAME: UTMB MANAGED CARE - Mental Health Services
AUSTIN, PERRY A **90-DAY ADMINISTRATIVE SEGREGATION MENTAL HEALTH ASSESSMENT**

TDCJ #: 999410 DATE: 11/21/2003 14:53

LATE ENTRY FOR 11-20-03

DATE OF INITIAL PLACEMENT INTO ADMINISTRATIVE SEGREGATION: 4-25-02

DATE OF LAST MENTAL HEALTH ASSESSMENT: 90 DAYS

CURRENTLY OF MENTAL HEALTH CASELOAD? ☐ Yes X No
Diagnosis:

PREVIOUS MENTAL HEALTH TREATMENT IN TDCJ? ☐ Yes X No
Diagnosis:

From Security Logs, Interviews with Security & Medical Staff	**YES**	**NO**
Has the offender been eating regularly in the past 90 days?	X	☐
Has the offender been showering regularly in the past 90 days?	X	☐
Has the offender attender recreation regularly in the past 90 days?	X	☐
Has the offender exhibited any marked changes in behavior or appearance in the past 90 days?	☐	☒
Has the offender lost weight (over 20lbs) in the past 90 days?	☐	☒

Interview Questions	**YES**	**NO**
Have you experienced any traumatic events during the last 90 days?	☐	☒
Specify:		
Have you experienced any significant changes in your mood or way you are feeling in the last 90 days?	☐	☒
Have you considered hurting or killing yourself in the last 90 days?	☐	☒
Do you have any current mental health complaints?	☐	☒

Observations

Personal Hygiene	X	Neat, Clean	☐	Dirty, Odorous	☐	Unusual, Bizarre			
Cell Hygiene	X	Neat, Orderly	☐	Messy	☐	Dirty, Odorous			
Orientation	☒	Date	X	Time	X	Place			
Thought Processes	X	Coherent	☐	Illogical	☐	slowed, dull			
Thought Content	X	Normal	☐	Delusional	☐	impoverished			
Speech Rate	X	Normal	☐	Rapid	☐	Slow			
Speech Volume	X	Normal	☐	Loud	☐	Soft			
Mood	X	Normal	☐	Anxious	☐	Happy	☐	Angry	
Attitude	X	Cooperative	☐	Suspicious	☐	Uncooperative	☐	Hostile	
Behavior	X	Normal	☐	Sluggish	☐	Agitated	☐	Threatening	
Attention Span	X	Normal	☐	Distracted	☐	Impaired			

Disposition

☒ Follow up in 90 days or upon request/referral

☐ Schedule for further evaluation

☐ Refer immediately for evaluation

☐ Other (Specify):

Interpreter Used		**Yes**	**X**	**No**	**Name of interpreter:**

Procedures Ordered:
MH OP SEGREGATION ROUNDS: no diagnosis on axis i/axis ii
Electronically Signed by SMITH-MUEHR, JERRIE M MS, LPC on 11/21/2003.
##And No Others##

UNIT: POLUNSKY (formerly TERRELL) NAME: AUSTIN, PERRY A

UTMB MANAGED CARE - Mental Health Services

90-DAY ADMINISTRATIVE SEGREGATION MENTAL HEALTH ASSESSMENT

TDCJ #: 999410 DATE: 11/21/2003 14:53

SUBJECT: *State briefly the problem on which you desire assistance.*

WANNA MAKE YOU AWARE, I REALIZED IT WAS U/C EASING BY MY DOOR, OUT OF YOUR JOB TO HELP, AS I SLOWLY WOKE. YOU KNOW I WEAR GLASSES AND LYING ON THE FLOOR WITH A CRACKSVIEW I WOULD ASK "WHO'S THAT?" AS I DID. IF THAT IS WHAT'S PASSING FOR THERAPY, I'VE APPRECIATE YOU REAFFIRMING WHAT I SAID, THOUGHT BEFORE. WHICH IS YOU AREN'T HERE TO HELP (DO YOUR JOB). I'M CERTAIN THOUGH THERE ARE OFFICIALS, CRGS. WHO'D LIKE TO KNO

Name: RAY FREENEY No: 477458 Unit: POLUNSKY

Living Quarters: 12EE 62 Work Assignment:

DISPOSITION: (Inmate will not write in this space)

RECEIVED
AUG 05 2008

Faxed
Scheduled by
J. Chris

I-60 (Rev. 11-90)

Correctional Managed Care
NURSING PROTOCOL FOR EYE / EAR / NOSE / THROAT COMPLAINTS

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 07/28/2011 07:31 **Facility:** POLUNSKY (TL)
Age: 52 year **Race:** W **Sex:** male
Most recent vitals from 7/28/2011: BP: 164 / 91 (Sitting) ; Wt: 165 Lbs.; Height: 70 In.; Pulse: 75 (Sitting) ; Resp: 18 / min; Temp: 98.1 (Oral)
Allergies: NO KNOWN ALLERGIES

Patient Language: ENGLISH **Name of interpreter, if required:**

STOP

If any of the following are present, initiate the Urgent/Emergent Care Record (HSM-16) and if indicated the appropriate Standing Delegated Orders.

❖ **After completion of the nursing assessment in the Urgent/Emergent Care Record and vital signs notify provider immediately.**

I. Generic Signs and Symptoms
a. Airway is compromised or threatened
b. If PA O2 is less than 90%
c. Peak Flow is less than 80% of personal best (NL adult peak flow without existing disease is 300-500)
d. Systolic B/P greater than 180mm HG or Diastolic B/P is 100 mm HG or greater
e. B/P readings vary 30 points due to positional changes.
f. Temperature greater than 101F Oral
g. Head trauma within the past 24-36 hours
h. Difficulty walking.
i. Vomiting/diarrhea
j. Any loss of consciousness.
k. Stiff neck.
l. Confusion, localized pain in eyes or ears, or slurred speech.
m. Patient sustains an injury, which requires additional analysis (i.e. sutures, x-ray).

II. Head Injury or Decreased LOC
a. One seizure right after another
b. First known seizure
c. Generalized seizure lasting more than 2 minutes
d. Known or suspected CVA
e. Decreased or altered level of consciousness
f. Head injury

III. Shock
a. Hypotension, i.e. a systolic BP which is less than 90mm Hg with one or more of the following:
   i. Shortness of breath
   ii. Hyperventilation
   iii. Weak rapid pulse
   iv. Cold clammy grayish-bluish skin (Cyanosis)
   v. Decreased urine flow (Oliguria)
   vi. Altered mental status (sense of great anxiety & foreboding, confusion and sometimes combativeness)
   vii. Known or suspected hypovolemia (e.g., ESLD, PUD, long term steroid use or NSAID use, etc.)
   viii. Known or suspected sepsis or chronic infectious process

IV. Trauma
a. Hypotension, i.e. a systolic BP which is less than 90mm Hg
b. Any critical bodily injury or wound caused from an accident or act of violence
c. Uncontrolled bleeding
d. Head injury to include a loss of consciousness

V. Chest Pain

Correctional Managed Care
NURSING PROTOCOL FOR
EYE / EAR / NOSE / THROAT COMPLAINTS

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 07/28/2011 07:31 **Facility:** POLUNSKY (TL)

a. Chest pain
b. Jaw pain with no trauma or injury to the area
c. Pain radiating down the left arm with no trauma or injury to the area

If none of the above signs/symptoms are present, proceed with completion of the Eye/Ear/Nose/Throat Nursing Protocol:

- **Contact the provider immediately if any of the following signs or symptoms are present:**
  - **Temp of 101F or greater**
  - **Nasal bleeding is profuse or persistent bleeding over 30 min with constant pressure**
  - **History of HTN or recent trauma**
  - **Ingestion or presence of foreign body**
  - **Severe ocular redness, edema, foreign body, or drainage is present**
  - **Corneal abrasion, welding, or chemical burns are suspected**
  - **Ear drainage, foreign body, a red bulging tympanic membrane**
  - **Mid-face infection is present**
  - **Severe headache, visual disturbance, confusion/combativeness, lethargy, persistent clear or pink nasal drainage other than mucus ie. CSF.**
  - **Difficulty speaking**

Mode of arrival: _____W/C __x___Ambulatory _____Stretcher

Current Medications:
MOTRIN 800MG, 1 TABS ORAL BID
PRILOSEC 20MG, 1 CAPS ORAL BID

Current Medications:	Dose	Freq.	Last Dose

SCR INITIATED?	x	YES	Date Received: 07/27/11
		NO	

NP – EYE/EAR/NOSE/THROAT SYMPTOMS
SUBJECTIVE DATA:

Chief Complaint(s):___Mouth is still infected from tooth extraction._____

Significant Medical History (Describe):__saw dental on 07/25/11 and no medications were given._

Quantitative Pain Scale: Place an "**X**" below

	0		1		2		3	x	4		5		6		7		8		9		10

Qualitative Description of Pain

Location: mouth	Onset: 2 weeks
Duration:	
Aggravating Factors:	
Alleviating Factors:	

Correctional Managed Care
NURSING PROTOCOL FOR EYE / EAR / NOSE / THROAT COMPLAINTS

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 07/28/2011 07:31 **Facility:** POLUNSKY (TL)

Pain Character:	x	Dull	x	Sharp	x	Throbbing	Other:	
Frequency:	x	Constant		Intermittent		Other:		
Radiating:		No		Yes	Location:			

Problem Focused History: **tooth extraction ON 06/21/11**

History of:

	Recent Trauma		Rheumatic Fever		Prior Nasal Fracture		Cocaine Use
	HTN		Vertigo		Hemorrhagic Disease		Measles
	Measles		Nasal Congestion		Cough		Chills
	Fever		Headache		Malaise		Rash
	URI		Ocular Infection				

Date of Onset: _____

Associated With:

	Foreign Body				No		Yes – Describe:
	Trauma				No		Yes – Describe:
	Allergen / Irritant		N/A		No		Yes – Describe:
	Itching				No		Yes – Describe:
	Discharge				No		Yes – Describe:
	Decreased Hearing		N/A		No		Yes – Describe:
	History of Ruptured TM?		N/A		No		Yes – Describe:
	Contact with others with similar symptoms				No		Yes – Describe:
	Contact Lenses		N/A		No		Yes – Describe:

OBJECTIVE DATA:

EYE OBJECTIVE DATA **XX** N/A

Right:

	Normal		Redness		Edema		Discharge		Hemorrhage

Left

	Normal		Redness		Edema		Discharge		Hemorrhage

Photosensitivity:

Right

	No		Yes

Left

	No		Yes

Pupils:

	Equal		Unequal

Right

	Reactive		Sluggish		Non-reactive

Left

	Reactive		Sluggish		Non-reactive

Visual Acuity:

Correctional Managed Care
NURSING PROTOCOL FOR EYE / EAR / NOSE / THROAT COMPLAINTS

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 07/28/2011 07:31 **Facility:** POLUNSKY (TL)

Right:

	Right		Aided near		Unaided near		Aided far		Unaided far

Left

	Right		Aided near		Unaided near		Aided far		Unaided far

Describe discharge and/or injury:_____

EAR OBJECTIVE DATA

X	**N/A**
	RIGHT

External		Normal		Red		Swollen													
Canal		Normal		Red		Swollen				Foreign body			Cerumen						
Tympanic Membrane		Intact		Perforated		Occluded		Pearl gray		Dull		Red		Bulging					

	LEFT

External		Normal		Red		Swollen													
Canal		Normal		Red		Swollen				Foreign body			Cerumen						
Tympanic Membrane		Intact		Perforated		Occluded		Pearl gray		Dull		Red		Bulging					

Drainage?

	No		Yes		Bloody		Purulent		Serous
Location:									

Hearing Acuity:

	Right		Normal		Reduced		Absent
	Left		Normal		Reduced		Absent

THROAT OBJECTIVE DATA **XX** N/A **(assess with caution)**

Color:

	Normal		Pale		Red		Petechia

Tonsils:

	Absent		Pink		Red		Swollen		Exudate		White		Yellow

Voice:

	Normal		Nasal		Hoarse		Absent

Cervical Nodes:

	Normal		Enlarged		Tender

Able to touch chin to chest?

	No		Yes

Swallowing:

	Normal		Painful		Unable to swallow

Breath:

	Normal		Foul odor

Drooling?

Correctional Managed Care
NURSING PROTOCOL FOR EYE / EAR / NOSE / THROAT COMPLAINTS

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 07/28/2011 07:31 **Facility:** POLUNSKY (TL)

	No		Yes

NASAL OBJECTIVE DATA n/a
Check patency of the nares:

	Right nostril		Normal		Swollen		Drainage
	Left nostril		Normal		Swollen		Drainage

Inspect the outside & inside of nose for:

	Normal		Abnormality		Deformity

Check mucosal lining for:

	Smooth appearance		Pink		Red

Palpate sinuses:

Tenderness		Yes		No

Assess nose:

Bleeding		Yes		No

Describe any of the above abnormalities, deformities and/or injury:_____

Comments:_____

NURSING ACTION: If protocol completed by LVN, consultation completed with:

Name: Dr. Christman DDA

RN:	MLP:	Physician: x

TREATMENT PLAN / PATIENT EDUCATION:

Recheck abnormal V/S and report to provider if indicated. _____**N/A**

TIME	TEMP	PULSE	RESP	B/P	OTHER (O2 Sat, Cardiac Monitor, Glucose, etc.)

V.O. order:

Dental will see pt today. Have 12 control bring pt to dental.

Date: 07/28/11 Time: 0800

V.O. order read back to Practitioner to verify accuracy.

x	Yes		No		N/A

Medication Administration

Time	Medication/ Solution	Dose/Rate	Site Route	Gauge	Amount Infused

Correctional Managed Care
NURSING PROTOCOL FOR EYE / EAR / NOSE / THROAT COMPLAINTS

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 07/28/2011 07:31 **Facility:** POLUNSKY (TL)

Patient's Learning Preferences

x	Verbal		Visual		Other
Comment:					

Ability to Learn:

	Impaired	x	Non-impaired
Comment:			

Readiness to Learn:

x	Cooperative		Uncooperative
Comment:			

REFER TO SPECIFIC COMPLAINT FOR TREATMENT PROTOCOL

- **EYE**
  - If patient has **eye irritation** and none of the above are present:
    - Flush eye with sterile eyewash.
    - Instruct patient to submit sick call request or notify nurse if problems continue or worsen.
- **EAR**
  - If patient has **impacted cerumen** and none of the above are present:

0* Tilt the patient's head to a 45 degree angle and place 5-10 drops of Carbamide Peroxide into ear. The tip of the applicator should not enter the ear canal.

1* Insert cotton plug into ear canal and allow to remain for at least 30 minutes.

2* Repeat twice daily for 3 days. Do not flush ears.

3* THIS SHOULD ELIMINATE THE NEED FOR FLUSHING OF THE EARS. Greater contact time and increased earwax softening occurs when warm water rinses are not used each time.

4* If signs of cerumen remain after three (3) days of treatment with Carbamide Peroxide, you may gently irrigate the affected ear with lukewarm water using a syringe or water pick (avoid excessive pressure).

5* Observe for signs of dizziness or non-intact tympanic membrane. If they occur, discontinue treatment refer to Physician/Midlevel Practitioner for routine follow-up.

6* If treatment is unsuccessful, refer to Physician/Midlevel Practitioner for routine follow-up.

7* If patient has ear pain and none of the above are present, refer to Physician/Midlevel Practitioner next available appointment.

- **Teaching: Patient may remove cotton plug after 30 minutes.**

- **NOSE**

* If patient has **nose bleed** and none of the above are present:
Instruct patient to sit straight, pinch nose at bridge and not to blow nose which could disrupt clotting.

* **If bleeding is associated with cold symptoms, offer the following:**

	Chlorpheniramine (Chlortrimeton 4mg) – take 1 tablet by mouth tid for 7 days, KOP

- **Precautions:** Caution if patient has history of narrow angle glaucoma, asthma, peptic ulcer, prostatic hypertrophy, pregnancy, HTN or heart disease. May cause further drying of the nares.
- **Teaching:** May cause restlessness or drowsiness. Do not take within 2 hours of bedtime. May cause dry mouth.

- **THROAT**

** If patient has **difficulty swallowing** and none of the above are present, schedule to see Physician/Midlevel Practitioner within 24-72 hours. Caution patient to stay in upright position when eating or drinking.

Correctional Managed Care
NURSING PROTOCOL FOR
EYE / EAR / NOSE / THROAT COMPLAINTS

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 07/28/2011 07:31 **Facility:** POLUNSKY (TL)

** **If patient has sore throat and none of the above are present, offer one of the following:**

	Acetaminophen 325 mg – take 2 tablets by mouth tid for 3 days, KOP

- **Precautions:** Caution if pt. has anemia, renal or liver disease.
- **Teaching:** High dosage or chronic use can cause liver disease. Avoid caffeine. Push fluids.

May also offer:

	Salt packets for Gargle – 1 salt packet and water gargle qid x 3 days, KOP

- **Teaching:** Do not swallow solution.

If patient has cold sores may offer:

	Camphor/Phenol Liquid (Campho-phenique) – apply topically bid for 3-5 days. KOP

Final Disposition

Disposition:

x	Release to Security
	Refer to provider for same day appointment
	Other:
	Issue pass to return to clinic for appointment the next day (operational hrs)
	Refer to provider for ATC #9
	Email sent to appropriate staff for appointment within 7 days of sick call request

Condition on Discharge:

	Improved	x	Stable

Electronically Signed by SAXINGER, APRIL R. L.V.N. on 07/28/2011.
Electronically Signed by TULLOS, KAREN L. R.N. on 07/28/2011.
Electronically Signed by CHRISTMAN, GARY R. D.D.S. on 07/28/2011.
##And No Others##

CORRECTIONAL MANAGED CARE
CLINIC NOTES - NURSING

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 06/08/2011 14:11 **Facility:** POLUNSKY (TL)
Age: 51 year **Race:** W **Sex:** male
Most recent vitals from 8/20/2010: BP: 145 / 94 (Sitting) ; Wt: 168 Lbs.; Height: 70 In.; Pulse: 81 (Sitting) ; Resp: 16 / min; Temp: 96.6 (Oral)
Allergies: NO KNOWN ALLERGIES

Patient Language: ENGLISH **Name of interpreter, if required:**

Current Medications:
MOTRIN 800MG, 1 TABS ORAL BID
PRILOSEC 20MG, 1 CAPS ORAL BID

SCR INITIATED?	X	YES	Date Received: 5/28/11
		NO	

LATE ENTRY FROM 6/3/11

Today's Problem: NSC – RENEW ZANTAC, MOTRIN AND MY EAR HURTS.

S: OFFENDER STATES HE IS IN NEED OF NEW RX FOR MOTRIN FOR MUSCULOSKELETAL PAIN AND ZANTAC FOR GERD.

O: IT IS NOTED THAT OFFENDER CURRENTLY HAS AN RX FOR PRILOSEC. WHEN THIS NURSE INFORMED OFFENDER HE STATES "OH, OK". "I WASN'T SURE".
OFFENDER STATES HE HAS CHRONIC INTERMMITENT HA, THAT HE DESCRIBES AS MIGRAINES, RELIEVED WITH MOTRIN. OFFENDER STATES HE HAS HAD SEVERAL HA THE PAST TWO WEEKS SINCE BEING OUT OF MEDICATION.
ON SCR OFFENDER STATES HE ALSO PLACED A SCR REGARDING HIS EARS HURTING BUT STATES THAT THIS ISSUE HAS RESOLVED.
A:

Plan is as follows:
CONSULTED WITH PROVIDER DAVIS PA FOR ORDERS.

SEE ABOVE MEDICATIONS.

Electronically Signed by DEWITT, KIMBERLY L. L.V.N. on 06/08/2011.
##And No Others##

CORRECTIONAL MANAGED CARE
CLINIC NOTES - NURSING

Patient Name: **AUSTIN, PERRY A** TDCJ#: **999410** Date: **08/20/2010 06:32** Facility: **POLUNSKY (TL)**
Age: **51 Years** Race: **W** Sex: **Male**
Most recent vitals from 08/20/2010: **BP: 145 / 94 (Sitting) ; Wt: 168 Lbs.; Height: 70 In.; Pulse: 81 (Sitting) ; Resp: 16 / min; Temp: 96.6 (Oral)**
Allergies: NO KNOWN ALLERGIES

Patient Language: ENGLISH Name of interpreter, if required:

Current Medications:
OMEPRAZOLE 20MG CAPSULE, 1 CAPS ORAL BID

Today's Problem:

S: nsc for "been putting in sick calls but haven't been seen" there are no scanned scr to review to determine the reason for this visit. pt states he has been dizzy since June and has passed out on occasion, also has bone spur pain and throbbing at night in both legs.states it is not a cramping pain, but a throbbing pain

O: appears in no distress. bp is elevated but gait is steady and pt has no neuro deficits. pt has curent order for ibuprofen which he says is ineffective for bone spur pain and does nothing for the leg pain at night

A: alteration in comfort r/t pain

Plan is as follows: PT WILL BE SCVHEDULED TO SEE PROVIDER FOR EVALUATION OF PAIN

Procedures Ordered:
NURSING LEVEL 1 COMPLETE VISIT: observation- cond not found

Electronically Signed by POPE, TERESA M R.N. on 08/20/2010.
Electronically Signed by MARTIN, REMEMBER C CCA on 08/23/2010.
Electronically Signed by PARKER, JENNIFER D CCA on 08/23/2010.
Electronically Signed by MCCLURE, MONICA L on 09/13/2010.
##And No Others##

CORRECTIONAL MANAGED CARE
CLINIC NOTES - NURSING

Patient Name: **AUSTIN, PERRY A** TDCJ#: **999410** Date: **07/19/2010 16:35** Facility: **POLUNSKY (TL)**
Age: **51 Years** Race: **W** Sex: **Male**
Most recent vitals from 07/16/2010: **BP: 139 / 74 (Sitting) ; Wt: 175 Lbs.; Height: 70 In.; Pulse: 72 (Sitting) ; Resp: 16 / min; Temp: 96.8 (Oral)**
Allergies: NO KNOWN ALLERGIES

Patient Language: ENGLISH Name of interpreter, if required:

Current Medications:
IBUPROFEN 800MG TABLET, 1 TABS ORAL BID
OMEPRAZOLE 20MG CAPSULE, 1 CAPS ORAL BID

Today's Problem: security reports that b/p is out of control

S: states dizzy light headed and has fainted several times over last few weeks.

O:

A: b/p standing is 156/81,hr 91 , b/p sitting 151/69. hr 90

Plan is as follows sent back to cell instructed to call medical if symptoms return or if he feels faint again. :

Electronically Signed by GRESSETT, SANDRA K L.V.N. on 07/19/2010.
##And No Others##

Correctional Managed Care
NURSING PROTOCOL FOR
EYE / EAR / NOSE / THROAT COMPLAINTS

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 02/18/2010 11:51 **Facility:** POLUNSKY (TL)

Age: 50 Years **Race:** W **Sex:** Male
Most recent vitals from 02/18/2010: BP: 162 / 92 (Sitting) ; Wt: 148 Lbs.; Height: 66 In.; Pulse: 76 (Sitting) ; Resp: 16 / min; Temp: 96 (Oral)
Allergies: NO KNOWN ALLERGIES

Patient Language: ENGLISH Name of interpreter, if required:

THIS NOTE NOT ABOUT THIS PT. PLEASE DISREGARD.

Mode of arrival: _____W/C __X___Ambulatory _____Stretcher

CURRENT MEDICATIONS:
LORATADINE 10MG TABLET, 1 TABS ORAL QD
OMEPRAZOLE 20MG CAPSULE, 1 CAPS ORAL BID
SALSALATE 500MG TABLET, 1 TABS ORAL BID

Current Medications:	Dose	Freq.	Last Dose
AS ABOVE			

SCR INITIATED?	X	YES	Date Received:2/16/10
		NO	

NP – EYE/EAR/NOSE/THROAT SYMPTOMS
SUBJECTIVE DATA:
Chief Complaint(s): NEED CHLORPHEN

Significant Medical History (Describe): SEE CHART

Quantitative Pain Scale: Place an "**X**" below

	0		1		2		3		4		5		6		7		8		9		10

Qualitative Description of Pain

Location:	Onset:
Duration:	
Aggravating Factors:	
Alleviating Factors:	

Pain Character:		Dull		Sharp		Throbbing	Other:
Frequency:		Constant		Intermittent		Other:	
Radiating:		No		Yes	Location:		

Correctional Managed Care
NURSING PROTOCOL FOR
EYE / EAR / NOSE / THROAT COMPLAINTS

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 02/18/2010 11:51 **Facility:** POLUNSKY (TL)

Problem Focused History: _____

History of:

	Recent Trauma		Rheumatic Fever		Prior Nasal Fracture		Cocaine Use
	HTN		Vertigo		Hemorrhagic Disease		Measles
	Measles	X	Nasal Congestion		Cough		Chills
	Fever		Headache		Malaise		Rash
	URI		Ocular Infection				

Date of Onset: LAST WEEK WEEK OF 2/8/10

Associated With:

	Foreign Body			X	No		Yes – Describe:
	Trauma			X	No		Yes – Describe:
	Allergen / Irritant		N/A		No	X	Yes – Describe:POSSIBLE
	Itching			X	No		Yes – Describe:
	Discharge				No	X	Yes – Describe: NASAL CONGESTION
	Decreased Hearing		N/A	X	No		Yes – Describe:
	History of Ruptured TM?		N/A	X	No		Yes – Describe:
	Contact with others with similar symptoms			X	No		Yes – Describe:
	Contact Lenses		N/A	X	No		Yes – Describe:

OBJECTIVE DATA:

EYE OBJECTIVE DATA _____X_____N/A

Right:

	Normal		Redness		Edema		Discharge		Hemorrhage

Left

	Normal		Redness		Edema		Discharge		Hemorrhage

Photosensitivity:

Right

	No		Yes

Left

	No		Yes

Pupils:

	Equal		Unequal

Right

	Reactive		Sluggish		Non-reactive

Left

	Reactive		Sluggish		Non-reactive

Correctional Managed Care
NURSING PROTOCOL FOR
EYE / EAR / NOSE / THROAT COMPLAINTS

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 02/18/2010 11:51 **Facility:** POLUNSKY (TL)

Visual Acuity:
Right:

	Right		Aided near		Unaided near		Aided far		Unaided far

Left

	Right		Aided near		Unaided near		Aided far		Unaided far

Describe discharge and/or injury:_____

EAR OBJECTIVE DATA

	N/A

	RIGHT																	
External	X	Normal		Red		Swollen												
Canal	X	Normal		Red		Swollen				Foreign body			Cerumen					
Tympanic Membrane	X	Intact		Perforated		Occluded	X	Pearl gray		Dull		Red		Bulging				

	LEFT																	
External	X	Normal		Red		Swollen												
Canal	X	Normal		Red		Swollen				Foreign body			Cerumen					
Tympanic Membrane	X	Intact		Perforated		Occluded	X	Pearl gray		Dull		Red		Bulging				

Drainage?

X	No		Yes		Bloody		Purulent		Serous
Location:									

Hearing Acuity:

	Right	X	Normal		Reduced		Absent
	Left	X	Normal		Reduced		Absent

THROAT OBJECTIVE DATA **_____X_____**N/A **(assess with caution)**

Color:

	Normal		Pale		Red		Petechia

Tonsils:

	Absent		Pink		Red		Swollen		Exudate		White		Yellow

Voice:

	Normal		Nasal		Hoarse		Absent

Cervical Nodes:

	Normal		Enlarged		Tender

Able to touch chin to chest?

	No		Yes

Correctional Managed Care
NURSING PROTOCOL FOR
EYE / EAR / NOSE / THROAT COMPLAINTS

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 02/18/2010 11:51 **Facility:** POLUNSKY (TL)

Swallowing:

	Normal		Painful		Unable to swallow

Breath:

	Normal		Foul odor

Drooling?

	No		Yes

NASAL OBJECTIVE DATA
Check patency of the nares:

	Right nostril		Normal	X	Swollen		Drainage
	Left nostril		Normal	X	Swollen		Drainage

Inspect the outside & inside of nose for:

X	Normal		Abnormality		Deformity

Check mucosal lining for:

X	Smooth appearance	X	Pink		Red

Palpate sinuses:

Tenderness		Yes	X	No

Assess nose:

Bleeding		Yes	X	No

Describe any of the above abnormalities, deformities and/or injury:_____

Comments: PT STATES HE HAS HAD NASAL CONGESTION FOR LAST WEEK. PT STATES COLD BUSTERS HAVE WORKED FOR HIM IN THE PAST. PT GIVEN COLD BUSTERS PER NURSING PROTOCOL WITH INSTRUCTIONS FOR USE. PT VERBALLY INDICATED HIS UNDERSTANDING OF INSTRUCTIONS. CHARGE NURSE MS. S. LAWRENCE R.N. CONSULTED WITH ON THIS PT. PT IN STABLE CONDITION AT THIS TIME.

NURSING ACTION: If protocol completed by LVN, consultation completed with: MS. S. LAWRENCE R.N.

Name: G. DUNEGAN LVN

RN: S. LAWRENCE	MLP:	Physician:

Refer to Physician/Midlevel Practitioner IMMEDIATELY if:

	Temperature 101°F or greater
	Nasal bleeding is profuse or persistent bleeding over 30 minutes with constant pressure
	Epistaxis patient has history of HTN or recent trauma

Correctional Managed Care
NURSING PROTOCOL FOR
EYE / EAR / NOSE / THROAT COMPLAINTS

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 02/18/2010 11:51 **Facility:** POLUNSKY (TL)

	Ingestion or presence of foreign body
	Patient is unable to touch chin to chest, swallow or neck rigidity is present
	Severe ocular redness, edema or drainage is present
	Corneal abrasion, welding or chemical burns are suspected
	Ocular foreign body is present
	Ear drainage, foreign body, red bulging tympanic membrane
	Mid-face infection present (i.e. edema, redness, heat)
	Signs of head injury (do neurological assessment)
	Coordination problems
	Nausea and or vomiting
	Severe headache
	Visual disturbance
	Confusion/combativeness
	Sudden onset of neck pain, numbness, tingling or weakness
	Lethargy
	Persistent clear or pink nasal drainage
	Difficulty speaking
	SOB, rapid heart rate, pale skin

Refer to applicable protocol (for Standing Delegated Orders) if one or more of the following assessment finds are present.

NP – HEAD INJURY OR DECREASED LOC

SIGNIFICANT SIGNS AND SYMPTOMS
If one or more of the following assessment finds are present

	Status post seizure
	Known or suspected CVA
	Decreased or altered level of consciousness

NP – SHOCK

SIGNIFICANT SIGNS AND SYMPTOMS
If one or more of the following assessment finds are present

	Hypotension, i.e. a systolic BP which is less than 90mm Hg with one of the following:
	Chest Pain
	ECG Changes
	Shortness of Breath
	Known or suspected dehydration
	Known or suspected hypovolemia
	Known or suspected sepsis

NP – TRAUMA

SIGNIFICANT SIGNS AND SYMPTOMS
If one or more of the following assessment finds are present

	Hypotension, i.e. a systolic BP which is less than 90 mm Hg
	Known or suspected hypovolemia

Correctional Managed Care
NURSING PROTOCOL FOR
EYE / EAR / NOSE / THROAT COMPLAINTS

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 02/18/2010 11:51 **Facility:** POLUNSKY (TL)

	Uncontrolled bleeding
	Known or suspected head injury (to include a loss of consciousness)

If Physician/MLP contacted complete section A and if not proceed to section B

SECTION A
TREATMENT PLAN:

Recheck abnormal V/S and report to provider if indicated. _____ **N/A**

TIME	TEMP	PULSE	RESP	B/P	OTHER (O2 Sat, Cardiac Monitor, Glucose, etc.)

V.O. order:

Date:_____ Time:_____

V.O. order read back to Practitioner to verify accuracy.

	Yes		No		N/A

Medication Administration

Time	Medication/ Solution	Dose/Rate	Site Route	Gauge	Amount Infused

SECTION B
TREATMENT PLAN/PATIENT INSTRUCTIONS

REFER TO SPECIFIC COMPLAINT FOR TREATMENT PROTOCOL

- **EYE**
  - If patient has **eye irritation** and none of the above are present:
    - Flush eye with sterile eyewash.
    - Instruct patient to submit sick call request or notify nurse if problems continue or worsen.
- **EAR**
  - If patient has **impacted cerumen** and none of the above are present:

0* Tilt the patient's head to a 45 degree angle and place 5-10 drops of Carbamide Peroxide into ear. The tip of the applicator should not enter the ear canal.
1* Insert cotton plug into ear canal and allow to remain for at least 30 minutes.
2* Repeat twice daily for 3 days. Do not flush ears.
3* THIS SHOULD ELIMINATE THE NEED FOR FLUSHING OF THE EARS. Greater contact time and increased earwax softening occurs when warm water rinses are not used each time.
4* If signs of cerumen remain after three (3) days of treatment with Carbamide Peroxide, you may gently irrigate the affected ear with lukewarm water using a syringe or water pick (avoid excessive pressure).

Correctional Managed Care
NURSING PROTOCOL FOR
EYE / EAR / NOSE / THROAT COMPLAINTS

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 02/18/2010 11:51 **Facility:** POLUNSKY (TL)

5* Observe for signs of dizziness or non-intact tympanic membrane. If they occur, discontinue treatment refer to Physician/Midlevel Practitioner for routine follow-up.
6* If treatment is unsuccessful, refer to Physician/Midlevel Practitioner for routine follow-up.
7* If patient has ear pain and none of the above are present, refer to Physician/Midlevel Practitioner next available appointment.
- **Teaching: Patient may remove cotton plug after 30 minutes.**

8
- **NOSE**

* If patient has **nose bleed** and none of the above are present:
* Instruct patient to sit straight, pinch nose at bridge and not to blow nose which could disrupt clotting.
* If bleeding is associated with cold symptoms, offer **the following:**

X	Chlortrimeton – take 1 tablet by mouth tid for 7 days, KOP

- **Precautions:** Caution if patient has history of narrow angle glaucoma, asthma, peptic ulcer, prostatic hypertrophy, pregnancy, HTN or heart disease. May cause further drying of the nares.
- **Teaching:** May cause restlessness or drowsiness. Do not take within 2 hours of bedtime. May cause dry mouth.

- **THROAT**

** If patient has **difficulty swallowing** and none of the above are present, schedule to see Physician/Midlevel Practitioner within 24-72 hours. Caution patient to stay in upright position when eating or drinking.

** If patient has **sore throat** and none of the above are present, offer **one** of the following:

	Aspirin – take 2 tablets by mouth every 6 hours x 3 days, KOP

- **Precautions:** Do not give to patients with gastric problems or who take anticoagulants.
- **Teaching:** Take with meals or large amount of water.

OR

	Acetaminophen 325 mg – take 2 tablets by mouth tid for 3 days, KOP

- **Precautions:** Caution if pt. has anemia, renal or liver disease.
- **Teaching:** High dosage or chronic use can cause liver disease. Avoid caffeine. Push fluids.

OR

	Ibuprofen 200 mg – take 2 tablets by mouth tid for 3 days, KOP

- **Precautions:** Caution if pt. has anemia, renal or liver disease, or if taking anticoagulants. Contraindicated if allergic to ASA
- **Teaching:** High dosage or chronic use can cause liver disease. Avoid caffeine. Push fluids. Take with meals or large amount of water.

May also offer:

	Salt – Water Gargles qid x 3 days, KOP

- **Teaching:** Do not swallow solution.

Correctional Managed Care
NURSING PROTOCOL FOR
EYE / EAR / NOSE / THROAT COMPLAINTS

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 02/18/2010 11:51 **Facility:** POLUNSKY (TL)

If patient has **cold sores** may offer:

	Campho-phenique apply bid for 3-5 days. KOP

Final Disposition for Section A and/or Section B

Disposition:

X	Release to Security
	Refer to provider for same day appointment
	HG
	Local ER
	Other:
	Issue pass to return to clinic for appointment the next day (operational hrs)
	Refer to provider for ATC #9
	Email sent to appropriate staff for appointment within 7 days of sick call request

Condition on Discharge:

	Improved	X	Stable		Declined		Unstable

Mode of Transfer: (If applicable)

	Van
	Local EMS
X	N/A

UR Contact: (if applicable)

X	N/A
	Yes Date/Time:

Pre-Cert#:	Contact Person:

PATIENT EDUCATION:

Patient's Learning Preferences

X	Verbal		Visual		Other
Comment:					

Ability to Learn:

	Impaired	X	Non-impaired

Correctional Managed Care
NURSING PROTOCOL FOR
EYE / EAR / NOSE / THROAT COMPLAINTS

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 02/18/2010 11:51 **Facility:** POLUNSKY (TL)

Comment:

Readiness to Learn:
[X]

Electronically Signed by DUNEGAN, GAYLE R L.V.N. on 02/18/2010.
This document has been corrected by DUNEGAN, GAYLE R L.V.N. on 02/18/2010.
Electronically Signed by LAWRENCE, SHARON A R.N. on 02/23/2010.
Electronically Signed by DUNEGAN, GAYLE R L.V.N. on 03/26/2010.
##And No Others##

Correctional Managed Care
NURSING PROTOCOL FOR
EYE / EAR / NOSE / THROAT COMPLAINTS

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 02/18/2010 11:51 **Facility:** POLUNSKY (TL)

Age: 50 Years **Race:** W **Sex:** Male
Most recent vitals from 02/18/2010: BP: 162 / 92 (Sitting) ; Wt: 148 Lbs.; Height: 66 In.; Pulse: 76 (Sitting) ; Resp: 16 / min; Temp: 96 (Oral)
Allergies: NO KNOWN ALLERGIES

Patient Language: ENGLISH Name of interpreter, if required:

Mode of arrival: _____W/C __X___Ambulatory _____Stretcher

CURRENT MEDICATIONS:
LORATADINE 10MG TABLET, 1 TABS ORAL QD
OMEPRAZOLE 20MG CAPSULE, 1 CAPS ORAL BID
SALSALATE 500MG TABLET, 1 TABS ORAL BID

Current Medications:	Dose	Freq.	Last Dose
AS ABOVE			

SCR INITIATED?	X	YES	Date Received:2/16/10
		NO	

NP – EYE/EAR/NOSE/THROAT SYMPTOMS
SUBJECTIVE DATA:
Chief Complaint(s): NEED CHLORPHEN

Significant Medical History (Describe): SEE CHART

Quantitative Pain Scale: Place an "**X**" below

	0		1		2		3		4		5		6		7		8		9		10

Qualitative Description of Pain

Location:	Onset:
Duration:	
Aggravating Factors:	
Alleviating Factors:	

Pain Character:		Dull		Sharp		Throbbing	Other:
Frequency:		Constant		Intermittent		Other:	
Radiating:		No		Yes		Location:	

Problem Focused History: _____

History of:

	Recent Trauma		Rheumatic Fever		Prior Nasal Fracture		Cocaine Use
	HTN		Vertigo		Hemorrhagic Disease		Measles

Correctional Managed Care
NURSING PROTOCOL FOR
EYE / EAR / NOSE / THROAT COMPLAINTS

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 02/18/2010 11:51 **Facility:** POLUNSKY (TL)

	Measles	X	Nasal Congestion		Cough		Chills
	Fever		Headache		Malaise		Rash
	URI		Ocular Infection				

Date of Onset: LAST WEEK WEEK OF 2/8/10

Associated With:

	Foreign Body			X	No		Yes – Describe:
	Trauma			X	No		Yes – Describe:
	Allergen / Irritant		N/A		No	X	Yes – Describe:POSSIBLE
	Itching			X	No		Yes – Describe:
	Discharge				No	X	Yes – Describe: NASAL CONGESTION
	Decreased Hearing		N/A	X	No		Yes – Describe:
	History of Ruptured TM?		N/A	X	No		Yes – Describe:
	Contact with others with similar symptoms			X	No		Yes – Describe:
	Contact Lenses		N/A	X	No		Yes – Describe:

OBJECTIVE DATA:

EYE OBJECTIVE DATA _____**X**_____N/A

Right:

	Normal		Redness		Edema		Discharge		Hemorrhage

Left

	Normal		Redness		Edema		Discharge		Hemorrhage

Photosensitivity:
Right

	No		Yes

Left

	No		Yes

Pupils:

	Equal		Unequal

Right

	Reactive		Sluggish		Non-reactive

Left

	Reactive		Sluggish		Non-reactive

Visual Acuity:
Right:

	Right		Aided near		Unaided near		Aided far		Unaided far

Left

Correctional Managed Care
NURSING PROTOCOL FOR
EYE / EAR / NOSE / THROAT COMPLAINTS

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 02/18/2010 11:51 **Facility:** POLUNSKY (TL)

	Right		Aided near		Unaided near		Aided far		Unaided far

Describe discharge and/or injury:_____

EAR OBJECTIVE DATA

	N/A
	RIGHT

External	X	Normal		Red		Swollen														
Canal	X	Normal		Red		Swollen						Foreign body						Cerumen		
Tympanic Membrane	X	Intact		Perforated		Occluded	X	Pearl gray		Dull		Red		Bulging						

	LEFT

External	X	Normal		Red		Swollen														
Canal	X	Normal		Red		Swollen						Foreign body						Cerumen		
Tympanic Membrane	X	Intact		Perforated		Occluded	X	Pearl gray		Dull		Red		Bulging						

Drainage?

X	No		Yes		Bloody		Purulent		Serous
Location:									

Hearing Acuity:

	Right	X	Normal		Reduced		Absent
	Left	X	Normal		Reduced		Absent

THROAT OBJECTIVE DATA _____X_____N/A **(assess with caution)**

Color:

	Normal		Pale		Red		Petechia

Tonsils:

	Absent		Pink		Red		Swollen		Exudate		White		Yellow

Voice:

	Normal		Nasal		Hoarse		Absent

Cervical Nodes:

	Normal		Enlarged		Tender

Able to touch chin to chest?

	No		Yes

Swallowing:

	Normal		Painful		Unable to swallow

Breath:

Correctional Managed Care
NURSING PROTOCOL FOR
EYE / EAR / NOSE / THROAT COMPLAINTS

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 02/18/2010 11:51 **Facility:** POLUNSKY (TL)

	Normal		Foul odor

Drooling?

	No		Yes

NASAL OBJECTIVE DATA
Check patency of the nares:

	Right nostril		Normal	X	Swollen		Drainage
	Left nostril		Normal	X	Swollen		Drainage

Inspect the outside & inside of nose for:

X	Normal		Abnormality		Deformity

Check mucosal lining for:

X	Smooth appearance	X	Pink		Red

Palpate sinuses:

Tenderness		Yes	X	No

Assess nose:

Bleeding		Yes	X	No

Describe any of the above abnormalities, deformities and/or injury:_____

Comments: PT STATES HE HAS HAD NASAL CONGESTION FOR LAST WEEK. PT STATES COLD BUSTERS HAVE WORKED FOR HIM IN THE PAST. PT GIVEN COLD BUSTERS PER NURSING PROTOCOL WITH INSTRUCTIONS FOR USE. PT VERBALLY INDICATED HIS UNDERSTANDING OF INSTRUCTIONS. CHARGE NURSE MS. S. LAWRENCE R.N. CONSULTED WITH ON THIS PT. PT IN STABLE CONDITION AT THIS TIME.

NURSING ACTION: If protocol completed by LVN, consultation completed with: MS. S. LAWRENCE R.N.

Name: G. DUNEGAN LVN

RN: S. LAWRENCE	MLP:	Physician:

Refer to Physician/Midlevel Practitioner IMMEDIATELY if:

	Temperature 101°F or greater
	Nasal bleeding is profuse or persistent bleeding over 30 minutes with constant pressure
	Epistaxis patient has history of HTN or recent trauma
	Ingestion or presence of foreign body
	Patient is unable to touch chin to chest, swallow or neck rigidity is present
	Severe ocular redness, edema or drainage is present
	Corneal abrasion, welding or chemical burns are suspected
	Ocular foreign body is present

Correctional Managed Care
NURSING PROTOCOL FOR
EYE / EAR / NOSE / THROAT COMPLAINTS

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 02/18/2010 11:51 **Facility:** POLUNSKY (TL)

	Ear drainage, foreign body, red bulging tympanic membrane
	Mid-face infection present (i.e. edema, redness, heat)
	Signs of head injury (do neurological assessment)
	Coordination problems
	Nausea and or vomiting
	Severe headache
	Visual disturbance
	Confusion/combativeness
	Sudden onset of neck pain, numbness, tingling or weakness
	Lethargy
	Persistent clear or pink nasal drainage
	Difficulty speaking
	SOB, rapid heart rate, pale skin

Refer to applicable protocol (for Standing Delegated Orders) if one or more of the following assessment finds are present.

NP – HEAD INJURY OR DECREASED LOC

SIGNIFICANT SIGNS AND SYMPTOMS
If one or more of the following assessment finds are present

	Status post seizure
	Known or suspected CVA
	Decreased or altered level of consciousness

NP – SHOCK

SIGNIFICANT SIGNS AND SYMPTOMS
If one or more of the following assessment finds are present

	Hypotension, i.e. a systolic BP which is less than 90mm Hg with one of the following:
	Chest Pain
	ECG Changes
	Shortness of Breath
	Known or suspected dehydration
	Known or suspected hypovolemia
	Known or suspected sepsis

NP – TRAUMA

SIGNIFICANT SIGNS AND SYMPTOMS
If one or more of the following assessment finds are present

	Hypotension, i.e. a systolic BP which is less than 90 mm Hg
	Known or suspected hypovolemia
	Uncontrolled bleeding
	Known or suspected head injury (to include a loss of consciousness)

If Physician/MLP contacted complete section A and if not proceed to section B

Correctional Managed Care
NURSING PROTOCOL FOR
EYE / EAR / NOSE / THROAT COMPLAINTS

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 02/18/2010 11:51 **Facility:** POLUNSKY (TL)

SECTION A
TREATMENT PLAN:

Recheck abnormal V/S and report to provider if indicated. _____ **N/A**

TIME	TEMP	PULSE	RESP	B/P	OTHER (O2 Sat, Cardiac Monitor, Glucose, etc.)

V.O. order:

Date:_____ Time:_____

V.O. order read back to Practitioner to verify accuracy.

	Yes		No		N/A

Medication Administration

Time	Medication/ Solution	Dose/Rate	Site Route	Gauge	Amount Infused

SECTION B
TREATMENT PLAN/PATIENT INSTRUCTIONS

REFER TO SPECIFIC COMPLAINT FOR TREATMENT PROTOCOL

- **EYE**
  - •If patient has **eye irritation** and none of the above are present:
    - •Flush eye with sterile eyewash.
    - •Instruct patient to submit sick call request or notify nurse if problems continue or worsen.
- **EAR**
  - If patient has **impacted cerumen** and none of the above are present:

0* Tilt the patient's head to a 45 degree angle and place 5-10 drops of Carbamide Peroxide into ear. The tip of the applicator should not enter the ear canal.
1* Insert cotton plug into ear canal and allow to remain for at least 30 minutes.
2* Repeat twice daily for 3 days. Do not flush ears.
3* THIS SHOULD ELIMINATE THE NEED FOR FLUSHING OF THE EARS. Greater contact time and increased earwax softening occurs when warm water rinses are not used each time.
4* If signs of cerumen remain after three (3) days of treatment with Carbamide Peroxide, you may gently irrigate the affected ear with lukewarm water using a syringe or water pick (avoid excessive pressure).
5* Observe for signs of dizziness or non-intact tympanic membrane. If they occur, discontinue treatment refer to Physician/Midlevel Practitioner for routine follow-up.
6* If treatment is unsuccessful, refer to Physician/Midlevel Practitioner for routine follow-up.
7* If patient has ear pain and none of the above are present, refer to Physician/Midlevel Practitioner next available appointment.

Correctional Managed Care
NURSING PROTOCOL FOR
EYE / EAR / NOSE / THROAT COMPLAINTS

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 02/18/2010 11:51 **Facility:** POLUNSKY (TL)

- **Teaching: Patient may remove cotton plug after 30 minutes.**

8

- **NOSE**
  - * If patient has **nose bleed** and none of the above are present:
  - * Instruct patient to sit straight, pinch nose at bridge and not to blow nose which could disrupt clotting.
  - * If bleeding is associated with cold symptoms, offer **the following:**

X	Chlortrimeton – take 1 tablet by mouth tid for 7 days, KOP

- **Precautions:** Caution if patient has history of narrow angle glaucoma, asthma, peptic ulcer, prostatic hypertrophy, pregnancy, HTN or heart disease. May cause further drying of the nares.
- **Teaching:** May cause restlessness or drowsiness. Do not take within 2 hours of bedtime. May cause dry mouth.

- **THROAT**

** If patient has **difficulty swallowing** and none of the above are present, schedule to see Physician/Midlevel Practitioner within 24-72 hours. Caution patient to stay in upright position when eating or drinking.

** If patient has **sore throat** and none of the above are present, offer **one** of the following:

	Aspirin – take 2 tablets by mouth every 6 hours x 3 days, KOP

- **Precautions:** Do not give to patients with gastric problems or who take anticoagulants.
- **Teaching:** Take with meals or large amount of water.

OR

	Acetaminophen 325 mg – take 2 tablets by mouth tid for 3 days, KOP

- **Precautions:** Caution if pt. has anemia, renal or liver disease.
- **Teaching:** High dosage or chronic use can cause liver disease. Avoid caffeine. Push fluids.

OR

	Ibuprofen 200 mg – take 2 tablets by mouth tid for 3 days, KOP

- **Precautions:** Caution if pt. has anemia, renal or liver disease, or if taking anticoagulants. Contraindicated if allergic to ASA
- **Teaching:** High dosage or chronic use can cause liver disease. Avoid caffeine. Push fluids. Take with meals or large amount of water.

May also offer:

	Salt – Water Gargles qid x 3 days, KOP

- **Teaching:** Do not swallow solution.

If patient has **cold sores** may offer:

	Campho-phenique apply bid for 3-5 days. KOP

Correctional Managed Care
NURSING PROTOCOL FOR
EYE / EAR / NOSE / THROAT COMPLAINTS

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 02/18/2010 11:51 **Facility:** POLUNSKY (TL)

Final Disposition for Section A and/or Section B

Disposition:

X	Release to Security
	Refer to provider for same day appointment
	HG
	Local ER
	Other:
	Issue pass to return to clinic for appointment the next day (operational hrs)
	Refer to provider for ATC #9
	Email sent to appropriate staff for appointment within 7 days of sick call request

Condition on Discharge:

	Improved	X	Stable		Declined		Unstable

Mode of Transfer: (If applicable)

	Van
	Local EMS
X	N/A

UR Contact: (if applicable)

X	N/A
	Yes Date/Time:

Pre-Cert#:	Contact Person:

PATIENT EDUCATION:

Patient's Learning Preferences

X	Verbal		Visual		Other
Comment:					

Ability to Learn:

	Impaired	X	Non-impaired
Comment:			

Readiness to Learn:

X

Electronically Signed by DUNEGAN, GAYLE R L.V.N. on 02/18/2010.

Correctional Managed Care
NURSING PROTOCOL FOR
EYE / EAR / NOSE / THROAT COMPLAINTS

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 02/18/2010 11:51 **Facility:** POLUNSKY (TL)

##And No Others##

Correctional Managed Care
NURSING PROTOCOL FOR
CORN / CALLUS / NAIL CARE

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 04/21/2009 11:07 **Facility:** POLUNSKY (formerly TERRELL)

Age: 49 Years **Race:** W **Sex:** Male
Most recent vitals from 04/21/2009: BP: 164 / 82 (Sitting) ; Wt: 172 Lbs.; Height: 70 In.; Pulse: 64 (Sitting) ; Resp: 18 / min; Temp: 96.4 (Oral)
Allergies: NO KNOWN ALLERGIES

Patient Language: ENGLISH **Name of interpreter, if required:**

Mode of arrival: Place an "**X**" below

	wheelchair		ambulatory		stretcher

Current Medications:	Dose	Freq.	Last Dose
OMPRAZOLE 20MG	1 CAP	BID	

SCR INITIATED?	X	YES	Date Received:04/20/2009
		NO	

NP – CORN/CALLUS/NAIL CARE
SUBJECTIVE DATA:
Chief Complaint(s):___NEEDS TO CLIP TOENAILS___
Significant Medical History (Describe):_____

Quantitative Pain Scale: Place an "**X**" below

	0X		1		2		3		4		5		6		7		8		9		10

Qualitative Description of Pain

Location:N/A	Onset:
Duration:	
Aggravating Factors:	
Alleviating Factors:	

Pain Character:		Dull		Sharp		Throbbing	Other:N/A
Frequency:		Constant		Intermittent		Other:	
Radiating:		No		Yes	Location:		

Problem Focused History: _____
Symptoms:

	Swelling
X	Need for nail trim

Previous Treatment and Results (Specify):_____

Correctional Managed Care
NURSING PROTOCOL FOR
CORN / CALLUS / NAIL CARE

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 04/21/2009 11:07 **Facility:** POLUNSKY (formerly TERRELL)

OBJECTIVE DATA:

Area(s) of Complaint:
Fingers:

Right

	1		2		3		4		5		All		None

Left

	1		2		3		4		5		All		None

Toes:

Right

	1 X		2 X		X		X		X		X		None

Left

	1		2		3		4		5		A XII		None

Heel:

	No
	Yes

Sole:

	No
	Yes

Other than foot (Specify):_____

Nail Inspection:

X	Pink		Red		White		Yellow		Brown

Nail Thickness:

X	Normal
	Thickened

Skin at Area of Complaint:
Color:

X	Normal		Cyanotic		Pink		Red		White
Other:									

Temperature:

X	Warm		Hot		Cold

Appearance:

X	Normal		Thickened		Central

Drainage (Describe): _____
Broken Skin/Lesions

Correctional Managed Care
NURSING PROTOCOL FOR
CORN / CALLUS / NAIL CARE

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 04/21/2009 11:07 **Facility:** POLUNSKY (formerly TERRELL)

(Describe): _____

Dorsalis Pedis Pulse Present:

	Right		No		Yes		N/A
	Left		No		Yes		N/A

Comments:_____

NURSING ACTION: **If protocol completed by LVN, consultation completed with:**
Name: K.ADAMS LVN

RN:	MLP:	Physician:

Refer to Physician/Midlevel Practitioner next available appointment if patient has:

	Diabetes with neurological disorders/deficit
	ESRD/Renal Failure
	Peripheral vascular disease
	Dorsalis Pedis pulse not present (do not trim nails)
	Swelling, redenss, warmth to area indication infection
	Contact Physician/Midlevel Practitioner prior to utilizing medicated disks if any of above conditions present

If Physician/MLP contacted complete section A and if not proceed to section B

SECTION A
TREATMENT PLAN:

Recheck abnormal V/S and report to provider if indicated. ❑**N/A**

TIME	TEMP	PULSE	RESP	B/P	OTHER (O2 Sat, Cardiac Monitor, Glucose, etc.)

V.O. order:

Date:_____ Time:_____

V.O. order read back to Practitioner to verify accuracy.

	Yes		No		N/A

Medication Administration

Time	Medication/ Solution	Dose/Rate	Site Route	Gauge	Amount Infused

Correctional Managed Care
NURSING PROTOCOL FOR
CORN / CALLUS / NAIL CARE

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 04/21/2009 11:07 **Facility:** POLUNSKY (formerly TERRELL)

SECTION B
TREATMENT PLAN:

	Apply callus or corn pad to lesion. (Refer back to conditions which callus or corn pads would not be applied)
	Provide patient with one package of callus pads. KOP

	If nails are of normal color and texture:
X	use nail cutters or clippers cutting the nail straight across to prevent ingrown nails or hangnails, or
	allow patient to use after instruction on technique

	If nails appear thickened:
	soak in warm water up to 15 minutes to soften nails,
	dry feet off well including between toes,
	trim nails straight across to prevent ingrown nails or hangnails.

Observe for signs of skin breakdown. (Obtain culture and sensitivity on any open draining lesion around or under nail **immediately**).

Final Disposition for Section A and/or Section B

Disposition:

X	Release to Security
	Refer to provider for same day appointment
	HG
	Local ER
	Other:
	Issue pass to return to clinic for appointment the next day (operational hrs)
	Refer to provider for ATC #9
	Email sent to appropriate staff for appointment within 7 days of sick call request

Condition on Discharge:

X	Improved		Stable		Declined		Unstable

Mode of Transfer: (If applicable)

	Van
	Local EMS
	N/A

UR Contact: (if applicable)

	N/A
	Yes Date/Time:

Correctional Managed Care
NURSING PROTOCOL FOR
CORN / CALLUS / NAIL CARE

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 04/21/2009 11:07 **Facility:** POLUNSKY (formerly TERRELL)

Pre-Cert#:	Contact Person:

PATIENT INSTRUCTIONS:

- Do not remove callus pad. If callus pad becomes disengaged, apply additional pad to clean dry lesion.
- May shower as usual, wear shower shoes in shower, and keep feet dry between showers.
- Dry feet properly, especially between and under toes to prevent fungal growth or infection.
- Evaluate nails for color, texture and length.
- Submit sick call request or notify nurse if redness, drying, cracking, discoloration or blisters occur.

Patient's Learning Preferences

X	Verbal		Visual		Other
Comment:					

Ability to Learn:

Procedures Ordered: * NURSING PA	Impaired	X	Non-impaired

Correctional Managed Care
NURSING PROTOCOL FOR
CORN / CALLUS / NAIL CARE

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 04/21/2009 11:07 **Facility:** POLUNSKY (formerly TERRELL)

TIENTEDUCATION: np-corn/callus/nailcare NURSING LEV			

Correctional Managed Care
NURSING PROTOCOL FOR
CORN / CALLUS / NAIL CARE

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 04/21/2009 11:07 **Facility:** POLUNSKY (formerly TERRELL)

EL2COMPLETEVISIT: np-corn/callus/nailcare			
Comment:			

Readiness to Learn:

X	Cooperative		Uncooperative
Comment:			

Correctional Managed Care
NURSING PROTOCOL FOR
CORN / CALLUS / NAIL CARE

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 04/21/2009 11:07 **Facility:** POLUNSKY (formerly TERRELL)

Electronically Signed by ADAMS, KENDRA D L.V.N. on 04/21/2009.
Electronically Signed by MCINTOSH, CHRISTINA L CMA on 04/21/2009.
Electronically Signed by MUDD, PAMELA F on 04/22/2009.
Electronically Signed by MARTIN, REMEMBER C CCA on 04/22/2009.
Electronically Signed by PARKER, JENNIFER D CCA on 04/22/2009.
Electronically Signed by CURRY, LISA G R.N. on 04/26/2009.
Electronically Signed by SHAFER, MARGARET T on 04/27/2009.
Electronically Signed by WILLIAMS, BERNADINE PCA on 05/15/2009.
##And No Others##

Correctional Managed Care
NURSING PROTOCOL FOR
HEARTBURN / INDIGESTION

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 06/26/2008 13:16 **Facility:** POLUNSKY (formerly TERRELL)

Age: 49 Years **Race:** W **Sex:** Male
Most recent vitals from 06/24/2008: BP: 130 / 74 (Sitting) ; Wt: 169 Lbs.; Height: 70 In.; Pulse: 70 (Sitting) ; Resp: 18 / min; Temp: 97 (Oral)
Allergies: NO KNOWN ALLERGIES

Patient Language: ENGLISH **Name of interpreter, if required:** NA

IF BASED ON COLLECTION OF THE FOLLOWING DATA YOUR JUDGEMENT IS THAT THE PATIENT'S PAIN MAY BE CARDIAC IN NATURE, REFER IMMEDIATELY TO THE CHEST PAIN PROTOCOL.

SCR INITIATED?	XX	YES	Date Received: 6/25/08
		NO	

NP - HEARTBURN/INDIGESTION
Subjective Data
1. Chief Complaint (Describe): C/O THAT THE ZANTAC IS NO LONGER WORKING FOR HIS GERD; STATES THAT HE HAD A PREVIOUS ORDER OF ZANTAC 150MG 2 TABS BID AND IT WAS LOWERED TO 1 TAB BID; THEN HE SAYS HE HAS BEEN TAKING ALMAG BOUGHT FROM COMMENSARY TO HELP RELEIVE THE PROBLEM; PT STATES THAT WHEN THE ORDER WAS CHANGED TO 1 TAB BID THAT HE CONTINUED TO TAKE THEM 2 AT A TIME; AFTER HE WAS SEEN ON THE 17TH HIS KOP WAS TAKEN AWAY; PT NOW REQUESTING A NEW MEDICATION OR THAT THE ZANTAC BE REORDERED 2 TABS BID;
2. Significant Medical History (Describe): NONE
3. History Of Recent Abdominal Surgery?
No
4. Habit History
Alcohol NA
Caffeine NA
5. Pain
Location (Specify): HEARTBURN;
Onset (Specify): SEVERAL YEARS AGO;
Frequency (Specify): DAILY;
Radiating (Specify): N/A
Intensity:
Severe
6. Aggravating Factors (Specify): SPICY FOOD;
7. Alleviating Factors (Specify): ZANTAC AND ALMAG HELP CALM IT DOWN;
8. Appetite:
Normal
9. Vomiting
No
Objective Data

Correctional Managed Care
NURSING PROTOCOL FOR
HEARTBURN / INDIGESTION

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 06/26/2008 13:16 **Facility:** POLUNSKY (formerly TERRELL)

1. General Appearance
   Normal
2. Skin
   Warm
   Dry
3. Abdominal Inspection
   Flat
4. Abdominal Palpation
   Soft
   Tenderness
   No
   Rebound Tenderness
   No
5. Bowel Sounds
   Normal
   Quadrant
   All

Comments NOTIFY PROVIDER;

NURSING ACTION: If based upon your collection of the above data, a Registered Nurse's professional judgement is required or you have any question about how to proceed, you must consult with a Registered Nurse while the patient is still on site. Otherwise, proceed with protocol.

Complete an EKG and IMMEDIATELY refer to Physician/Midlevel Practitioner:
- **Patient has history of HTN.**
- **Patient has history of cardiovascular disease.**
- **Pain radiates to back, chest, neck, arm or jaw.**
- **Pain is associated with nausea, vomiting, sweating or shortness of breath.**

TREATMENT PLAN:

- Recheck any abnormal V/S and report to provider if indicated.

0

- If none of above signs and symptoms are present, offer aluminum/magnesium hydroxide, 2 tablets by mouth STAT, and observe for at least 30 minutes. **PRECAUTIONS:** Do not give if taking Tetracycline, Quinidine, Amphetamines, Levodopa or Dicumarol (thyroid medication).
- **If unrelieved**, obtain another set of vital signs and **notify Physician/Mid-level Practitioner immediately.**
- If relieved by antacid, then offer aluminum/magnesium hydroxide 1 or 2 tablets by mouth, as needed, for 7 days KOP. (Issue 15 tablets)

PATIENT INSTRUCTIONS:
If **relieved by antacid** then instruct patient:

- Drink plenty of fluids when eating.

0

- Do not lie down for at least 2 hours after eating.

1

- Avoid known irritants.

Correctional Managed Care
NURSING PROTOCOL FOR
HEARTBURN / INDIGESTION

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 06/26/2008 13:16 **Facility:** POLUNSKY (formerly TERRELL)

2
- Eat smaller meal sizes, especially the last meal of the day.

3
- Resubmit sick call request or notify nurse if symptoms are not resolved.

PROVIDER NOTIFIED WITH ORDER RECIEVED
D/C CURRENT RANITADINE ORDER
OMEPRAZOLE 20MG 1 TAB BID X 30 DAYS WITH 11 REFILLS
VO G. PORRAS MD/ J FULLER, JR LVN

Procedures Ordered:
*NURSING PATIENT EDUCATION: np - heartburn/indigestion
NURSING LEVEL 1 COMPLETE VISIT: np - heartburn/indigestion

Electronically Signed by FULLER, JOHNNY R L.V.N. on 06/26/2008.
##And No Others##

CORRECTIONAL MANAGED CARE
CLINIC NOTES - NURSING

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 06/24/2008 13:37 **Facility:** POLUNSKY (formerly TERRELL)
Age: 49 Years **Race:** W **Sex:** Male
Most recent vitals from 06/24/2008: BP: 130 / 74 (Sitting) ; Wt: 169 Lbs.; Height: 70 In.; Pulse: 70 (Sitting) ; Resp: 18 / min; Temp: 97 (Oral)
Allergies: NO KNOWN ALLERGIES

Patient Language: ENGLISH Name of interpreter, if required:

Today's Problem:SCR
C/O DIZZINESS

S: C/O DIZZINESS AT INTERVALS X;S 02 WEEKS.

O: STATE HAS HAD EPISODES OF DIZZINESS SINCE TAKING NORTRIPTYLINE FOR BACK DISCOMFORT. STATE DOES NOT RELEIVE BACK DISCOMFORT --- ONLY CAUSES DIZZINESS. REQ. MOTRIN FOR BACK DISCOMFORT ---WANTS TO HAVE NORTRIPTYLINE DISCONTINUED IF PROVIDER WILL. GAIT STEADY - BALANCE GOOD.

A: ALTERATION IN COMFORT.

P: IBUPROFEN 600 MG'S. P.O. B.I.D. X'S 30 DAYS
K.O.P. [I.F.A.] REFILL X'S 02. ----------
DISCONTINUE NORTRIPTYLINE.
V.O. DR. PORRAS / B.A. PHLEGM, L.V.N.

Procedures Ordered:
*NURSING PATIENT EDUCATION: observation- cond not found
NURSING LEVEL 2 COMPLETE VISIT: observation- cond not found

Electronically Signed by PHLEGM, BESSIE A L.V.N. on 06/24/2008.
Electronically Signed by MCINTOSH, CHRISTINA L CMA on 06/24/2008.
Electronically Signed by PORRAS, GUILLERMO M.D. on 06/26/2008.
Electronically Signed by PARKER, JENNIFER D CCA on 06/30/2008.
##And No Others##

CORRECTIONAL MANAGED CARE
CLINIC NOTES - NURSING

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 06/17/2008 11:40 **Facility:** POLUNSKY (formerly TERRELL)
Age: 49 Years **Race:** W **Sex:** Male
Most recent vitals from 11/08/2006: BP: 120 / 72 (Sitting) ; Wt: 172 Lbs.; Height: 70 In.; Pulse: 76 (Sitting) ; Resp: 16 / min; Temp: 97.5 (Oral)
Allergies: NO KNOWN ALLERGIES

Patient Language: ENGLISH Name of interpreter, if required:

Today's Problem: SCR dated 6-15-08 - chart review only.

S: complaining that he has taken Zantac 3 and 4 times a day and not working

O: Offender apparently taking too many medications.

A:

Plan is as follows: dc kop zantac and make non kop so compliance can be monitored to consider different treatment.
Zanta 150 mg BID non kop for 30 days
Dc previous order
V.O. Dr. Porrus/J. Bonds RN

Electronically Signed by BONDS, JOYCE M R.N. on 06/17/2008.
Electronically Signed by CARLIN, BRANDI L CMA on 06/17/2008.
Electronically Signed by PORRAS, GUILLERMO M.D. on 06/18/2008.
##And No Others##

CORRECTIONAL MANAGED CARE
CLINIC NOTES - NURSING

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 04/25/2007 13:59 **Facility:** POLUNSKY (formerly TERRELL)
Age: 47 Years **Race:** W **Sex:** Male
Most recent vitals from 11/08/2006: BP: 120 / 72 (Sitting) ; Wt: 172 Lbs.; Height: 70 In.; Pulse: 76 (Sitting) ; Resp: 16 / min; Temp: 97.5 (Oral)
Allergies: NO KNOWN ALLERGIES

Patient Language: ENGLISH **Name of interpreter, if required:**

Today's Problem:SCR C/OBACK PAIN.

S: C/O BACK PAIN .

O: C/O MID BACK PAIN WITH INCREASED PAIN TO LEFT SIDE OF BACK AT INTERVALS.

A: STATE PAIN IS AT A 5 MOST OF THE TIME [ON A 1 - 10 SCALE.] REQUESTING PAIN MED. ASKING FOR MOTRIN IF POSSIBLE.

P. CHART TO PROVIDER FOR REVIEW / POSSIBLE MEDICATION ORDER.

Procedures Ordered:
NURSING LEVEL1 COMPLETE VISIT: backache

Electronically Signed by PHLEGM, BESSIE A on 04/25/2007.
Electronically Signed by BEHRNS, ROBERT M.D. on 04/28/2007.
##And No Others##

CORRECTIONAL MANAGED CARE
CLINIC NOTES - NURSING

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 12/20/2004 10:00
Facility: POLUNSKY (formerly TERRELL)
Most recent vitals from 05/13/2004: BP: 102 / 58 (Sitting) Wt. 164 Lbs. Height 70 In. Pulse: 70 (Sitting) Resp.: 18 / min Temp: 98.2 (Oral)
Current Medications:
RANITIDINE HCL 150MG TABS, 2 TABS ORAL(po) BID
Special Instructions: KOP -- 2 TABS PO BID X 30 DAYS X 11

Current Lab Tests:
Allergies: NO KNOWN ALLERGIES
Today's Problem: Per SCR wants to get neoprene elbow sleeve pass renewed.
o/a **not present**

Patient Language, if other than English: **Name of interpreter, if required:**

Plan is as follows: **neoprene elbow sleeve x 90 days (issued)**
vo young pac/byron rn

Electronically Signed by BYRON, BELINDA G R.N. on 12/20/2004.
Electronically Signed by YOUNG, ROBERT A PA on 12/20/2004.
##And No Others##

CORRECTIONAL MANAGED CARE
CLINIC NOTES - NURSING

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 06/24/2004 08:35
Facility: POLUNSKY (formerly TERRELL)
Most recent vitals from 05/13/2004: BP: 102 / 58 (Sitting) Wt. 164 Lbs. Height 70 In. Pulse: 70 (Sitting) Resp.: 18 / min Temp: 98.2 (Oral)
Current Medications:
RANITIDINE HCL 150MG TABS, 2 TABS ORAL(po) BID

Current Lab Tests:
Allergies: NO KNOWN ALLERGIES
Today's Problem: Per SCR c/o that ranitidine not being delivered. Requires for his heartburn. Last seen 5/4 and med reordered.
o/a **not present**

Name of interpreter, if required:

Plan is as follows: **Ranitidine 150 mg 2 tabs bid x 30 days kop x 11**
vo young pac/byron rn

Started Meds:
RANITIDINE HCL 150MG TABS 55953054440 06/24/2004 08:52
Special Instructions:Kop -- 2 Tabs Po Bid X 30 Days X 11
STOP DATE: 06/23/2005 00:10 REFILLS: 11

Electronically Signed by BYRON, BELINDA G R.N. on 06/24/2004.
Electronically Signed by YOUNG, ROBERT A PA on 06/24/2004.
##And No Others##

CORRECTIONAL MANAGED CARE
CLINIC NOTES - NURSING

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 06/02/2004 13:01
Facility: POLUNSKY (formerly TERRELL)
Most recent vitals from 05/13/2004: BP: 102 / 58 (Sitting) Wt. 164 Lbs. Height 70 In. Pulse: 70 (Sitting) Resp.: 18 / min Temp: 98.2 (Oral)
Current Medications:
RANITIDINE HCL 150MG TABS, 2 TABS ORAL(po) BID

Current Lab Tests:
Allergies: NO KNOWN ALLERGIES
Today's Problem: Per SCR submitted asking to have pass for neophrene elbow sleeve renewed.
o/a **not present**

Name of interpreter, if required:

Plan is as follows: **Neophrene elbow sleeve pass x 180 days**
Vo. Young Pac/Byron Rn

Electronically Signed by BYRON, BELINDA G R.N. on 06/02/2004.
Electronically Signed by YOUNG, ROBERT A PA on 06/02/2004.
##And No Others##

CORRECTIONAL MANAGED CARE
CLINIC NOTES - NURSING

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 05/13/2004 10:23
Facility: POLUNSKY (formerly TERRELL)
Most recent vitals from 05/13/2004: BP: 102 / 58 (Sitting) Wt. 164 Lbs. Height 70 In. Pulse: 70 (Sitting) Resp.: 18 / min Temp: 98.2 (Oral)
Current Medications:
RANITIDINE HCL 150MG TABS, 2 TABS ORAL(po) BID

Current Lab Tests:
Allergies: NO KNOWN ALLERGIES
Today's Problem: Here for visual acutiy check. Glasses are > 2 years old
o. **no s/s acute distress. no further c/o.**
a. **vision**

Name of interpreter, if required:

Plan is as follows: **visual acutiy done.**

Procedures Ordered:
NURSING LEVEL1 COMPLETE VISIT: vision

Electronically Signed by BYRON, BELINDA G R.N. on 05/13/2004.
##And No Others##

SICKCALL

SUBJECT: *State briefly the problem on which you desire assistance.*

JUL 31 2011

On July 27, 2011, at approximately 11:53pm at night, I went to sickcall complaining of high blood pressure. The reading taken on my right arm was 201/101. A reading was then taken from my left arm and it was 174/98. Still too high. I was informed that I would begiven medication for this. It is now July 30, 2011, and I have still not been put on any type of medication for my high blood pressure. I would like to be treated for my high blood pressure as it is getting difficult to function normally on a daily basis. Thank you.

Perry A. Austin

cc:file

Name: Perry Allen Austin No: 999410 Unit: Polunsky

Living Quarters: 12AE57/1-Row Work Assignment:

DISPOSITION: (Inmate will not write in this space)

Schedule Sick Call

J. P. Svoboda RN

J.P. Svoboda RN

JUL 31 2011

JUL 31 2011

☆I-60 (Rev. 11-90)

SUBJECT: *State briefly the problem on which you desire assistance.*

My blood pressure has really been high the past few tim JUL 28 2011 been to the dentist like 195/96. It feels as if it's getting worse. Lots of dizziness, headaches that Ibuprofen doesn't help. I would like to get this taken care of Thank you.

Perry Allen Austin

cc:file

Name: Perry Allen Austin No: 999410 Unit: Polunsky

Living Quarters: 12CC39/2-ROW Work Assignment:

DISPOSITION: (Inmate will not write in this space)

JUL 28 2011

F/u c Provider

K. Tullos RN

☆I-60 (Rev. 11-90)

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION
SICK CALL REQUEST

RECEIVED
APR 1 : 2011

PART A: (To be completed by offender)

Date: April 09, 2011

Offender's Name: Perry Allen Austin

TDCJ No.: 999410

Work Assignment: _____

Work Hours: _____

Wing No.: 12CC39

School Hours: _____

Service needed: ☒ Medical ☐ Dental ☐ Mental Health ☐ Other: _____

Reason for Health Services Appointment: Please renew my prilosec/Omeprazole prescription

How long have you had this problem? Hours: _____ Days: _____

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a $3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee.

Perry L Austin
Signature of Offender

PART B: (To be completed by medical personnel -- Do not write below this line)

Medical Reply: Omeprazole 20mg 60 #11R

Medical Staff Member's Signature

5/12
Date

HSA-9 (Rev. 5/97)

SUBJECT: *State briefly the problem on which you desire assistance.*

APR 0 8 2011

Please renew my Prilosec/ Omeprezole prescription. It expires May 09, 2011 and I was advised by one of the pill ladies to have it renewed now. Thank you.

Perry A Austin

cc: file

Name: Perry Allen Austin No: 999410 Unit: Polunsky

Living Quarters: 12CC39 / 2-Row Work Assignment:

DISPOSITION: (Inmate will not write in this space)

O/C to renew Prilosec ~~Rx~~
Rx and Refills already done by PA (5/06) ds per note. 5/

☆I-60 (Rev. 11-90)

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION
SICK CALL REQUEST

JUN 0 2 2011

PART A: (To be completed by offender)

Date: June 01, 2011

Offender's Name: Perry Allen Austin

TDCJ No.: 999410

Work Assignment: _____

Work Hours: _____

Wing No.: 12CC39

School Hours: _____

Service needed: ☒ Medical ☐ Dental ☐ Mental Health ☐ Other: _____

Reason for Health Services Appointment: Please renew my Ibuprofen subscription, and I need to see about earaches

How long have you had this problem? Hours: _____ Days: 3

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a $3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee.

Perry O. Austin
Signature of Offender

PART B: (To be completed by medical personnel -- Do not write below this line)

Medical Reply: _____

NURSE
SICK CALL

JUN 0 2 2011

Medical Staff Member's Signature: Sharon Lawrence, RN, CNM Date

HSA-9 (Rev. 5/97)

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION
SICK CALL REQUEST

JUN 0 2 2011

PART A: (To be completed by offender)

Date: May 30, 2011

Offender's Name: Perry Allen Austin

TDCJ No.: 999410

Work Assignment: _____

Work Hours: _____

Wing No.: 12CC 39

School Hours: _____

Service needed: ☒ Medical ☐ Dental ☐ Mental Health ☐ Other: _____

Reason for Health Services Appointment: Please renew my Omeprazole prescription. I was told it runs out on the 8th of June. Thank you.

How long have you had this problem? Hours: _____ Days: _____

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a $3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee.

Perry A Austin
Signature of Offender

JUN 0 2 2011 cc: file

PART B: (To be completed by medical personnel -- Do not write below this line)

Medical Reply: NURSE SICK CALL

Medical Staff Member's Signature Lawrence, RN, CNM Date

HSA-9 (Rev. 5/97)

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION
SICK CALL REQUEST

JUN 01 2011

PART A: (To be completed by offender)

Date: May 30, 2011

Offender's Name: Perry Allen Austin

TDCJ No.: 999410

Work Assignment: _____

Work Hours: _____

Wing No.: 12CC39

School Hours: _____

Service needed: ☐ Medical ☐ Dental ☐ Mental Health ☑ Other: NAIL CLIPPERS

Reason for Health Services Appointment: Could I please use the nail clippers. It's been a while since clippers were brought around.

How long have you had this problem? Hours: _____ Days: 30+

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a $3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee.

Perry A Austin
Signature of Offender

cc: file

PART B: (To be completed by medical personnel -- Do not write below this line)

Medical Reply: ~~Schedule~~ Nurse ~~Sick Call~~

J. P. Svoboda RN

J.P. Svoboda RN

Medical Staff Member's Signature

JUN 0 1 2011 Date

HSA-9 (Rev. 5/97)

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION
SICK CALL REQUEST

APR 21 2011

PART A: (To be completed by offender)

Date: April 20, 2011

Offender's Name Perry Allen Austin

TDCJ No. 999410

Work Assignment: _____

Work Hours: _____

Wing No.: 12CC39

School Hours _____

Service needed: ☒ Medical ☐ Dental ☐ Mental Health ☐ Other: _____

Reason for Health Services Appointment: Please renew my Omeprazole/Prilosec prescription. It's fixing to expire soon.

How long have you had this problem? Hours. _____ Days: _____

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a $3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee.

Perry L Austin
Signature of Offender

Schedule Routine Sick Call
J.P. Svoboda RN
cc: File

PART B: (To be completed by medical personnel -- Do not write below this line)

Medical Reply: Needs OV; Eval since 5/13/10, Dr

J.P. Svoboda RN
APR 24 2011

Medical Staff Member's Signature

4/22/11
Date

HSA-9 (Rev 5/97)

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION
SICK CALL REQUEST

MAR 0 8 2011

PART A: (To be completed by offender)

Date: 03-07-11

Offender's Name: Perry Allen Austin

TDCJ No.: 999410

Work Assignment: _____

Work Hours: _____

Wing No.: 12CC39

School Hours: _____

Service needed: ☐ Medical ☐ Dental ☐ Mental Health ☒ Other: Nail Clippers

Reason for Health Services Appointment: Please let me use the nail clippers. Thank you.

How long have you had this problem? Hours: _____ Days: _____

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a $3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee.

Perry C. Austin
Signature of Offender

PART B: (To be completed by medical personnel -- Do not write below this line)

Medical Reply: _____

NURSE SICK CALL

J.P. Svoboda RN

MAR 0 8 2011

Medical Staff Member's Signature

Date

☆HSA-9 (Rev. 5/97)

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION
SICK CALL REQUEST

DEC 2 4 2010

PART A: (To be completed by offender)

Date: 12-23-10

Offender's Name: Perry Allen Austin

TDCJ No.: 999410

Work Assignment: ______

Work Hours: ______

Wing No.: 12CC39

School Hours: ______

Service needed: ☑ Medical ☐ Dental ☐ Mental Health ☐ Other: ______

Reason for Health Services Appointment: Please renew my Ibuprofen for my back. I've got bone spurs on my lower spine. This is my second request.

How long have you had this problem? Hours: ______ Days: ______

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a $3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee.

Perry A. Austin
Signature of Offender

cc: file

PART B: (To be completed by medical personnel -- Do not write below this line)

Medical Reply: Ibuprofen 800mg. Take 1 twice daily for 30 days w/2 refills. Rot VO Dr Bond / [illegible] 12/24/1[illegible]

~~Schedule~~ ~~J. P. Svoboda RN~~ ~~Sick Call~~

Medical Staff Member's Signature Alan G Bond DO Date

☆HSA-9 (Rev. 5/97)

SUBJECT: State briefly the problem on which you desire assistance

0107 9 0 AON

I60-101/11/10

I'm having trouble getting my medication again. On November 02, 2010, at approximately 11pm the lady passing out medication passed my cell without giving me my medicine. I just happened to be standing at the door and stopped her. She said someone didn't put my medication in there. She brought it to me about 20 minutes later. On the evening of November 04, 2010, at approximately 11:34pm I stopped Officer [redacted] and asked him if the pill lady had come by yet. He said yes, but I must have been asleep when she did. I was not asleep, and even if I was, she's supposed to wake me up to give me my medicine. The pill ladies come anywhere from 7pm until 3am or 4am the next morning. I shouldn't have to stand at my door all that time waiting for them. Please take care of this problem for me. Thank you. Perry Q Austin

Name: Perry Allen Austin No: 999410 Unit: Polunsky

Living Quarters: 12CC39 Work Assignment:

DISPOSITION: (Inmate will not write in this space)

W/R - you are required to stand at door to receive medication. If you are not at your door you will not be medicated.

[redacted] 11/5/10

☆I-60 (Rev. 11-90)

SUB Scanned by SWAIM, KATHY L. CCA in facility POLUNSKY (TL) on 12/17/2010 11:25

DEC 1 1 2010

Can you please renew my IBUPROFEN PRESCRIPTION? OR MAYBE SOMETHING ELSE. MY PRESCRIPTION RAN OUT AND THE CONSTANT THROBBING PAIN IS DRIVING ME CRAZY, ESPECIALLY AT NIGHT WHEN I TRY TO SLEEP, IT SEEMS TO GET WORSE. THANK YOU

Perry A. Austin

Name Perry Allen Austin No 999410 Unit Polunsky

Living Quarters 12 CC39 2-Row Work Assignment

DISPOSITION: (Inmate will not write in this space) ~~Medication renewal~~ Provider sick call RN [illegible] @ 0016

☆I-60 (Rev 11-90)

Scanned by MILLER, KELLIE L CCA in facility POLUNSKY (TL) on 11/02/2010 11:58

OCT 22 2010

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION
SICK CALL REQUEST

PART A: (To be completed by offender)

Date: October 20, 2010

Offender's Name: Perry Allen Austin

TDCJ No.: 999410

Work Assignment: ______

Work Hours: ______

Wing No.: 12CC39

School Hours: ______

Service needed: ☑ Medical ☐ Dental ☐ Mental Health ☐ Other: ______

Reason for Health Services Appointment: I need to use the nail clippers. My nails are getting very long. They haven't brought nail clippers around since 09-12-10

How long have you had this problem? Hours: ______ Days: 38

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a $3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee.

Perry A. Austin
Signature of Offender

cc-file

PART B: (To be completed by medical personnel -- Do not write below this line)

Medical Reply: Nurse Sick Call [signature] RN 10/22/10

Medical Staff Member's Signature

Date

HSA-9 (Rev. 5/97)

SEP 0 1 2010

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION
SICK CALL REQUEST

PART A: (To be completed by offender)

Date: 30, August 2010

Offender's Name: Perry Allen Austin

TDCJ No.: 999410

Work Assignment: _____

Work Hours: _____

Wing No.: 12CC39

School Hours: _____

Service needed: ☒ Medical ☐ Dental ☐ Mental Health ☐ Other: _____

Reason for Health Services Appointment: Could you please renew my Ibuprofen for my back. The bone spurs on my lower spine are hurting bad.

How long have you had this problem? Hours: _____ Days: _____

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a $3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee.

Perry A. Austin
Signature of Offender

cc:file

PART B: (To be completed by medical personnel -- Do not write below this line)

Medical Reply: Ibuprofen was renewed on 8/30/10

Respondent 9/1/10

Medical Staff Member's Signature

Date

☆HSA-9 (Rev. 5/97)

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION
SICK CALL REQUEST

AUG 19 2010

PART A: (To be completed by offender) Date: 08-17-10

Offender's Name: Perry Allen Austin TDCJ No. 999410

Work Assignment: ______ Work Hours: ______

Wing No.: 12CC39 School Hours: ______

Service needed: ☒ Medical ☐ Dental ☐ Mental Health ☐ Other: ______

Reason for Health Services Appointment: I keep putting in sickcalls but I still haven't seen anyone. It's going on two months now. They came to me for a "DENTAL APPOINTMENT" last week, which I did not put in for.

How long have you had this problem? Hours: ______ Days: ______

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a $3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee. Perry A. Austin

Signature of Offender cc file

PART B: (To be completed by medical personnel -- Do not write below this line)

Medical Reply: Nurse Sickcall [signature] 8/19/10

______ Medical Staff Member's Signature ______ Date

HSM-9 (Rev. 5/97)

JUL 16 2010 I60-091/07/10

SUBJECT: *State briefly the problem on which you desire...*
Scanned by FRANKLIN, TONYA J PCA in facility POLUNSKY (TL) on 07/19/2010 08:02

Every week for the past four weeks I have asked to be brought to the infirmary so I can use the nail cliggers. I never got a response from the first one, but the others all said I was scheduled for sickcall. Every week for the past two and a half weeks I have been requesting to be seen for my high blood pressure. Those sickcalls came back saying I have been scheduled for sickcall. To date, I have not seen anyone. I especially need to see someone about the high blood pressure after I passed out from it a couple of weeks ago. I would appreciate it if you can have the medical department have me seen. Thank you.

Perry O Austin

Name: Perry Allen Austin No: 999410 Unit: Polunsky

Living Quarters: 12 CC39 2-Row Work Assignment:

DISPOSITION: (Inmate will not write in this space)

Response: You are scheduled this week.
Mamaruna RN 7/16/10

☆I-60 (Rev. 11-90)

JUL 15 2010

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION
SICK CALL REQUEST

PART A: (To be completed by offender) Date: July 12, 2010

Offender's Name: Perry Allen Austin TDCJ No.: 999410

Work Assignment: _____ Work Hours: _____

Wing No.: 12CC39 School Hours: _____

Service needed: [N] Medical [ ] Dental [ ] Mental Health [ ] Other: _____

Reason for Health Services Appointment: THIS IS MY THIRD REQUEST IN THREE (3) WEEKS TO USE THE NAIL CLIPPERS, AND THIS IS MY SECOND REQUEST IN TWO (2) WEEKS ASKING TO BE SEEN ABOUT MY BLOOD PRESSURE.

How long have you had this problem? Hours: _____ Days: _____

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a $3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee.

Perry A. Austin
Signature of Offender

cc: file

PART B: (To be completed by medical personnel -- Do not write below this line)

Medical Reply: ~~Error, Nurse Sick Call Marmannaeva 7/15/10~~
You have been scheduled Marmannaeva RN 7/15/10

Medical Staff Member's Signature Date

☆HSA-9 (Rev. 5/97)

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION
SICK CALL REQUEST

JUL 07 2010

PART A: (To be completed by offender)

Date: July 06, 2010

Offender's Name: Perry Allen Austin

TDCJ No.: 999410

Work Assignment: _____

Work Hours: _____

Wing No.: 12CC39

School Hours: _____

Service needed: ☒ Medical ☐ Dental ☐ Mental Health ☐ Other: _____

Reason for Health Services Appointment: I think I need to see someone about my high blood pressure after all. Headaches, dizziness, memory loss. I passed out several days ago and bumped my head. It's worsening.

How long have you had this problem? Hours: I thought I could take care of it myself. Days: _____

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a $3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee.

Perry B. Austin
Signature of Offender

PART B: (To be completed by medical personnel -- Do not write below this line)

Medical Reply: Provider Sick Call Mamaunas RN 7/7/10

Medical Staff Member's Signature

Date

☆HSA-9 (Rev. 5/97)

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION
SICK CALL REQUEST

JUN 2 9 2010

PART A: (To be completed by offender)

Date: June 28, 2010

Offender's Name: Perry Allen Austin

TDCJ No.: 999410

Work Assignment: _____

Work Hours: _____

Wing No.: 12CC39

School Hours: _____

Service needed: ☑ Medical ☐ Dental ☐ Mental Health ☐ Other: _____

Reason for Health Services Appointment: THIS IS MY SECOND REQUEST IN OVER A WEEK TO USE THE NAIL CLIPPERS.

How long have you had this problem? Hours: _____ Days: _____

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a $3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee.

Perry A. Austin
Signature of Offender

PART B: (To be completed by medical personnel -- Do not write below this line)

Medical Reply: Scheduled Nurse Sick Call

J

Q Pone 6/29/10
Medical Staff Member's Signature

Date

☆HSA-9 (Rev. 5/97)